

Alabama Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: P6307	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/04/2024
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NAME OF PROVIDER OR SUPPLIER TIDES AT CRIMSON VILLAGE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1410 18TH AVENUE EAST TUSCALOOSA, AL 35404
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>On December 4, 2024, a complaint investigation survey was conducted at the facility. Complaint LC#20241125018 was investigated and unsubstantiated.</p> <p>Deficiencies were cited during this survey for failure to operate in accordance with the Rules of the Alabama State Board of Health (SBOH), Alabama Department of Public Health (ADPH), Chapter 420-5-20, Alabama Administrative Code, Specialty Care Assisted Living Facilities. The deficient practices resulted in the potential for harm to all residents and requires a plan of correction.</p>	A 000		
A 203	<p>420-5-20-.02 (3) The License.</p> <p>(3) License. If an applicant submits a timely and complete application accompanied by the appropriate license fee and any supporting documentation that may be required by the Department, and if the Department is satisfied that the applicant likely is willing and capable of compliance with these rules, and if granting such a license would not violate any other state or federal law or regulation, then the Department, as agent for the Board, may grant a license to the applicant. All licenses granted shall expire at midnight on December 31 of the year in which the license is granted. The Department, as agent for the Board, may deny a license. A license shall only be valid at the licensed premises and for the individual or business entity licensed. It is a condition of licensure that the licensee must continuously occupy the licensed premises and remain open as a specialty care assisted living facility, fully staffed and otherwise capable of admitting and providing specialty care assisted living services. If a facility fails to remain open</p>	A 203		

Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A 203	<p>Continued From page 1</p> <p>and staffed as required for a period of 30 days, its license shall become void unless the Department has been notified that services are temporarily suspended for remodeling or minor alterations. If a licensee abandons the licensed premises, the license shall immediately become void.</p> <p>(a) Issuance of License Certificate. The license certificate issued by the State Board of Health shall set forth the name and location of the specialty care assisted living facility, the classification of the specialty care assisted living facility, and the facility's bed capacity.</p> <p>(b) Separate Licenses. Each specialty care assisted living facility shall be separately licensed, regardless of whether it is owned or managed by the same entity as another assisted living facility.</p> <p>(c) Posting of License Certificate. The license certificate shall be posted in a conspicuous place on the licensed premises.</p> <p>(d) License Renewal. Licenses may be renewed by the applicant as a matter of course upon submission of a completed renewal application and payment of the required fee. When the Department has served written notice on the facility of its intent to revoke or downgrade the license, a renewal application shall be filed but does not affect the proposed adverse licensure action.</p> <p>(e) Failure to Renew a License. Any licensee who fails to renew a license on or before the close of business on the last business day in December shall be assessed a late fee equal to the amount of the original license fee. A license</p>	A 203		

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A 203	<p>Continued From page 2</p> <p>may only be renewed with the payment of a late fee before the close of business on the last business day in January of the succeeding calendar year. A license which has not been renewed by the end of January has expired and shall be void.</p> <p>(f) Change of Ownership. A specialty care assisted living facility license is not transferrable. In the event that the legal ownership of the right to occupy a facility's premises is withdrawn or transferred to an individual or entity other than the licensee, the facility license shall become void and continued operation of the facility shall be unlawful pursuant to §22-21-22, Code of Ala. 1975, and subject to penalties as provided in §22-21-33, Code of Ala. 1975, unless an application for a change of ownership has been submitted to and approved by the Department prior to the transfer of legal ownership. At least 30 days prior to any proposed change in ownership, the new prospective licensee of a specialty care assisted living facility shall file a change of ownership application with the State Board of Health. An application for change of ownership shall be submitted on the form prescribed by the Department, shall be accompanied by the requisite application fee set forth in §22-21-24, Code of Ala. 1975, and shall be subject to the same requirements and considerations as are set forth above for initial license applications. An application for a change of ownership shall be submitted and signed by the prospective new licensee, or its agent, and also either signed by the current licensee or its agent, or accompanied by a court order demonstrating that the current licensee has been dispossessed of the legal right to occupy the premises and that the prospective new licensee</p>	A 203		

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A 203	<p>Continued From page 3</p> <p>has been awarded the legal right to occupy the premises. Upon approval of a change of ownership, the Department shall notify the current licensee and the new license applicant, and shall issue a license certificate to the new licensee.</p> <p>Indicia of ownership of a facility include the right to hire, terminate, and to determine the compensation and benefits paid to the facility's administrator and other staff, the right to receive payment from residents and third parties for services provided by the facility, the right to establish and to change the policies, procedures, and protocols under which the facility operates, and the right to overrule operational decisions made by the facility administrator and other staff.</p> <p>(g) Change in Bed Capacity. A facility may apply for a change in licensed bed capacity by submitting a completed application on a form prescribed by the Department and accompanied by the fee prescribed in §22-21-24, Code of Ala. 1975, together with such other documentation as the Department may require. Upon approval of a change of bed capacity, the Department shall notify the licensee and shall issue a revised license certificate to the licensee, which may be predicated on the return of the old license certificate.</p> <p>(h) Change of Name. A facility may apply for a change of name by submitting a completed application on a form prescribed by the Department. There is no application fee for a change of name application. The Department may in its discretion deny an application for a change of name if the Department determines that the proposed name is misleading to the public or that the name is overly similar to the</p>	A 203		

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A 203	<p>Continued From page 4</p> <p>name of an already licensed facility. Separately licensed facilities owned by the same governing authority may have names that are similar to one another and distinguished from one another in some other manner, such as a geographic description. Upon approval of a change of name, the Department shall notify the licensee and shall issue a revised license certificate to the licensee, which may be predicated on the return of the old license certificate.</p> <p>(i) Denial of a License. The Board may deny a license to any applicant on grounds of insufficient evidence of the willingness or ability to comply with §§22-21-20 through 22-21-34, Code of Ala. 1975, or these rules, including the following reasons:</p> <ol style="list-style-type: none"> 1. The applicant or any principal associated with the applicant has violated any provision of §§22-21-20 through 22-21-34, Code of Ala. 1975. 2. The applicant or any principal associated with the applicant has been convicted of engaging in, permitting, aiding, or abetting the commission of an illegal act in any licensed health care facility. 3. The applicant or any principal associated with the applicant has engaged in conduct or practices deemed by the Board to be detrimental to the welfare of the residents of the health care facility. 4. Conduct and practices deemed detrimental to the welfare of residents of a facility or provide grounds pursuant to this subsection for denial of a license include: 	A 203		

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A 203	<p>Continued From page 5</p> <p>(i) The applicant or an agent authorized by the applicant has deliberately falsified any material information or record submitted as part of the application for licensure.</p> <p>(ii) The applicant has changed its corporate name, charter, entity, or its partnership name or composition to avoid the imposition of liens or court action.</p> <p>(iii) The applicant or any principal associated with the applicant has been convicted of engaging in the physical, mental, or sexual abuse or in the financial exploitation of a patient or patients.</p> <p>(iv) The applicant or any principal associated with the applicant has operated a health care facility in Alabama or in any other jurisdiction in a manner that resulted in one or more violations of applicable laws or other requirements and as a result caused death, injury, disability, or serious risk of death, injury, or disability to any resident or patient of the facility and such past conduct causes the Department to reasonably believe that granting a license to the applicant would likely be detrimental to the life, health, or safety of prospective residents of the facility for which licensure is sought.</p> <p>(v) The applicant or any principal associated with the applicant has been convicted of fraud in this or any other jurisdiction.</p> <p>(vi) The applicant or any principal associated with the applicant has in the past deliberately falsified records or has otherwise made a deliberate and material misrepresentation</p>	A 203		

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A 203	<p>Continued From page 6</p> <p>of facts to an employee of the Department in an attempt to influence the outcome of a survey or some other regulatory compliance determination by the Department.</p> <p>(vii) The applicant or any principal associated with the applicant has in the past induced or attempted to induce a subordinate employee to falsify records or to otherwise make a deliberate and material misrepresentation of facts to an employee of the Department in an attempt to influence the outcome of a survey or some other regulatory compliance determination by the Department.</p> <p>(viii) The applicant or any principal associated with the applicant is operating, or has in the past operated, an unlicensed health care facility.</p> <p>(ix) The applicant or any principal associated with the applicant has at any time been debarred from participation in the Medicare or Medicaid programs.</p> <p>(x) Other serious misconduct which, in the judgment of the Board, poses a serious risk to patient health or safety.</p> <p>5. An applicant may appeal the denial of a license pursuant to the provisions of the Alabama Administrative Procedure Act, §41-22-1, et seq., Code of Ala. 1975, and the Board's Rules for Hearing of Contested Cases, Chapter 420-1-3, Ala. Admin. Code.</p>	A 203		

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A 203	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility made modifications to the building prior to approval from the ADPH licensing bureau of a bed capacity change/bed conversion.</p> <p>On December 4, 2024, the surveyor observed the facility had removed the locked doors from the upstairs SCALF unit, allowing free egress from the SCALF into the Assisted Living Facility (ALF).</p> <p>During an interview with Employee Identifier (EI)#1, administrator, EI#1 stated she was told the doors could be removed since a final inspection had been completed by the ADPH technical services bureau.</p> <p>During an interview with ADPH technical services staff, the surveyor was told an inspection of the facility was completed for a bed capacity change, however, payment was not received for the final inspection and a certificate of completion was not issued.</p> <p>In addition, the department's health provider standards licensing unit did not have an application on file requesting a bed capacity change/ bed conversion.</p> <p>There was no approval from the ADPH licensing bureau to allow the facility to make changes to the facility's licensed bed capacity or to modify the licensed SCALF building.</p>	A 203		
A 604	<p>420-5-20-.06 (3) (a) (b) (c) (d) (e) Care of Residents.</p> <p>(3) Health Supervision.</p>	A 604		

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A 604	<p>Continued From page 8</p> <p>(a) Initial Assessment. No more than 30 days prior to admission, the facility RN or care coordinator shall screen prospective residents for eligibility for admission into the specialty care assisted living facility. The screening shall include a clinical history, a mental status examination to include aphasia screening, a geriatric depression screen, a physical self-maintenance screen, and a behavior screen.</p> <p>Appendix A herein, contains the Physical Self Maintenance Scale (PSMS) form and the Behavior Screening form. These forms shall be completed to screen physical functioning and behaviors. The PSMS and Behavior Screen assessments shall be completed by the RN or care coordinator upon admission, annually, and when there is a change in the resident's status.</p> <p>The facility RN shall perform a comprehensive assessment of each prospective resident for facility eligibility. This assessment shall document identified care needs and serve as a baseline for the RN plan of care and future assessments.</p> <p>(b) Monthly Assessments. The RN shall assess each resident monthly and more often when necessary to identify changes in the resident's health status. The monthly assessment shall include a review of monthly weights, falls, incidents, elopements, behavioral symptoms, medications, changes in resident status, and appropriateness of the resident's plan of care.</p> <p>(c) Comprehensive Assessment. The facility RN shall perform a comprehensive assessment and communicate with the resident's</p>	A 604		

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A 604	<p>Continued From page 9</p> <p>attending physician and with the resident's sponsor or responsible family member when a decline in health status or behavior occurs, or if the resident develops any of the following problems:</p> <ol style="list-style-type: none"> 1. Weight loss: <ol style="list-style-type: none"> (i) Each month, the facility shall accurately weigh and record the weight of each resident. (ii) A significant weight loss is defined as a five percent or greater weight loss in a period of one month or less, or a seven and a half percent or greater weight loss in a period of 3 months or less, or a 10 percent or greater weight loss in a period of 6 months or less. Any weight loss shall be considered to be an unplanned weight loss unless the affected resident has been placed on a restricted calorie diet specifically for the purpose of reducing the resident's weight, and such diet has been approved by the resident's attending physician. 2. Falls (two or more falls within a 30 day period). 3. Elopement. 4. Any sign and symptom of adverse drug reaction, interaction or over sedation, or circumstances which contraindicate medications that have been prescribed for the resident. 5. Unmanageable, combative, or potentially harmful behavior(s). 6. Any accident with injury. 	A 604		

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A 604	<p>Continued From page 10</p> <p>(d) Focused Assessments. The RN or LPN shall conduct focused assessments when necessary to identify changes in resident status.</p> <p>(e) Any change in resident status requires immediate documentation and implementation of interventions or reassessment of existing interventions.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, the facility Registered Nurse (RN) failed to properly assess a resident when a decline in health status occurred.</p> <p>Findings:</p> <p>Resident Identifier (RI)#1 was admitted to the facility on September 1, 2022 and had diagnoses which included hypertension, insomnia, dementia and vitamin D deficiency. During multiple interviews on December 4, 2024, staff reported that RI#1 had declined in functional status, was unable to ambulate and required the assistance of two staff members to transfer from bed to chair.</p> <p>On December 4, 2024, the surveyor observed EI#5 and EI#6 transfer RI#1 from a stationary chair to the wheelchair. EI#5 and EI#6 repeatedly instructed RI#1 how to assist them with the transfer but RI#1 was unable to follow the instructions. RI#1 was lifted from the stationary chair by EI#5 and EI#6 holding RI#1 under each arm. Once standing, RI#1 was held in standing position by EI#5 and EI#6, pivoted to the</p>	A 604		

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A 604	<p>Continued From page 11</p> <p>wheelchair and lowered into a seated position in the wheelchair. RI#1 did not assist in any way with the transfer or pivot, was unable to ambulate and did not follow instructions to self-propel the wheelchair. Both EI#5 and EI#6 informed the surveyor that the transfer was typical of the method used when transferring RI#1 and that RI#1 had declined.</p> <p>On December 4, 2024, RI#1's most recent PSMS score was provided to the surveyor by EI#1. The PSMS was completed by EI#2, Certified Registered Nurse Practitioner (CRNP), on November 26, 2024. RI#1's PSMS documented the following: "...dresses and undresses with minor assistance...grooms self adequately with minor assistance...ambulates with assistive device...Ambulation device walker...Resident can independently use their device to ambulate...requires reminders to toilet...". RI#1's total PSMS score was 12 with a 3 in Physical Ambulation. Based on the above observations, RI#1's current functional status had not been properly assessed and documented. RI#1's current ambulation status was 5 (cannot walk and uses a wheelchair and needs staff assistance with using) which was above the level allowed in a SCALF. EI#1 agreed RI#1 had not been properly assessed.</p>	A 604		
A 611	<p>420-5-20-.06 (4) (a) (b) Care of Residents.</p> <p>(4) Personal Care and Services. The facility shall provide care and services consistent with community standards.</p> <p>(a) Portions of residents' records necessary for staff to provide care, including the plans of care and relevant portions of the medical</p>	A 611		

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A 611	<p>Continued From page 12</p> <p>examination records and admission records, shall be accessible to the direct care staff at all times.</p> <p>(b) Plan of Care. The RN shall develop written plans of care for each resident prior to or at the time of admission. The plans of care shall be based on resident's assessments, diagnoses, and recommendations of the resident's physician. The plan of care shall be developed in cooperation with the resident, if appropriate, and the sponsor. The RN shall identify resident care problem areas and formulate written interventions to address those problems. The RN shall evaluate the implementation of the interventions and the resident's response to the interventions and modify the plan of care as necessary.</p> <p>1. The plan shall at all times reflect the current condition of the resident. All entries on the plan of care shall be accurately dated. In addition to other items that may be required by the facility's own policies and procedures, the plan of care shall contain the following:</p> <p>2. A listing of the resident's individual needs or problems that require intervention by the facility.</p> <p>3. A listing of interventions provided by the facility to address the resident's identified needs or problems.</p> <p>4. A copy of any outside provider's certification and plan of care, such as the current Home Health Certification and Plan of Care for each resident receiving care from an outside provider.</p> <p>5. Activities of Daily Living. Residents of</p>	A 611		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 611	<p>Continued From page 13</p> <p>a specialty care assisted living facility shall be assisted and encouraged to maintain a clean, well-kept personal appearance. Each facility shall provide all needed assistance with activities of daily living to each resident.</p> <p>(i) Bathing. Residents shall be offered a bath or partial bath or shall be assisted with a bath or partial bath daily, and more often when necessary or requested.</p> <p>(ii) Oral Hygiene. Residents shall be assisted with oral hygiene to keep mouth, teeth, or dentures clean. Measures shall be used to prevent dry, cracked lips.</p> <p>(iii) Hair. Residents' hair shall be kept clean, neat, and well groomed.</p> <p>(iv) Manicure. Fingernails and toenails shall be kept clean and trimmed.</p> <p>(v) Shaving. Men shall be assisted with shaving or shaved as necessary to keep them clean and well groomed.</p> <p>(vi) Personal Safety. Residents shall be provided assistance with personal safety.</p> <p>6. As changes in medication and personal services become necessary, the plan of care shall be promptly updated and all changes shall be documented.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record review, a resident's facility care plan did not</p>	A 611		

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A 611	<p>Continued From page 14</p> <p>address the resident's current functional status with appropriate interventions to meet the resident's care needs.</p> <p>Findings:</p> <p>RI#1 had resided at the facility since September 1, 2022. RI#1 had recently declined and required the assistance of two staff members for transferring from bed to chair. RI#1 was unable to ambulate, unable to assist with transfers and unable to self-propel the wheelchair.</p> <p>Review of RI#1's facility care plan, dated November 26, 2024 and completed by EI#2, CRNP, revealed the following: "...Bathing Assistance 1 person assist...Fall Risk Intervention...Education on use of walker offer use of wheelchair as needed...". RI#1 required two staff members for transfers and was unable to use a walker with or without staff assistance and unable to self-propel the wheelchair. RI#1's care plan did not address RI#1's current functional status with appropriate interventions to meet RI#1's care needs. EI#1 agreed with the surveyor's findings.</p>	A 611		
A 621	<p>420-5-20-.06 (9) (b) Care of Residents.</p> <p>(b) Retention.</p> <p>1. A specialty care assisted living facility shall not allow any resident to return to the specialty care assisted living facility from a higher level of care if that resident requires care that exceeds the level of care the specialty care assisted living facility is licensed to provide or the facility is capable of providing.</p>	A 621		

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A 621	<p>Continued From page 15</p> <p>2. A specialty care assisted living facility shall not retain a resident that has a PSMS score greater than 23 or a score of five in feeding, dressing, grooming, bathing or a score of four or five in physical ambulation.</p> <p>3. A specialty care assisted living facility shall not retain a resident that has symptoms or behaviors that infringe on the rights or safety of residents currently in the facility.</p> <p>4. Residents who have unmanageable behaviors or behaviors that may be dangerous to themselves or others shall not be retained in a specialty care assisted living facility.</p> <p>5. A specialty care assisted living facility shall not retain a resident who requires medical or skilled nursing care which is expected to exceed 90 days unless:</p> <p>(i) The individual is capable of performing and does perform all tasks related to his or her own care; OR</p> <p>(ii) The individual is incapable of performing some or all tasks related to his or her own care due to limitations of mobility or dexterity but the individual has sufficient cognitive ability to direct his or her own care and the individual is able to direct facility staff and does direct facility staff to provide the physical assistance needed to complete such tasks, and the facility staff is capable of providing such assistance and does provide such assistance. If the facility chooses to offer this assistance, the facility shall develop and implement a policy and procedure to ensure safe practices by facility staff.</p>	A 621		

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A 621	<p>Continued From page 16</p> <p>6. If a resident of a specialty care assisted living facility is diagnosed with a terminal illness and requires hospice care, the resident may be admitted to a properly licensed and certified hospice program. A resident receiving hospice care may remain in the facility beyond 90 days. If the facility is unable or becomes unable to meet the needs of a resident receiving hospice care, or if a resident receiving hospice care requires care beyond what the facility may lawfully provide pursuant to this section, then the facility shall promptly make arrangements to discharge or transfer the resident to a safe and appropriate placement in accordance with the discharge procedures and prearranged plan required by these rules for specialty care assisted living facilities.</p> <p>The facility would in all cases remain responsible for ensuring the appropriate delivery of care and must take all necessary steps to ensure that care needed by a resident is delivered to the resident.</p> <p>This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility retained a resident whose PSMS score exceeded the level allowed in a SCALF.</p> <p>Findings:</p> <p>RI#1 had resided at the facility since September 1, 2022. RI#1 was unable to ambulate, unable to self-propel a wheelchair and unable to assist staff members with transfers as observed by the surveyor on December 4, 2024 and reported by</p>	A 621		

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A 621	<p>Continued From page 17</p> <p>multiple staff members during interviews. RI#1 required the assistance of two staff members for transfers. RI#1's current functional status was a 5 in Physical Ambulation. No 30-day discharge notice had been issued to RI#1 at the time of the onsite survey. EI#1 stated she (EI#1) was watching RI#1 and knew that RI#1 had declined but acknowledged that a discharge notice had not been issued.</p> <p>CYNTHIA GRANGER, REGISTERED NURSE CONNIE CHERRY, REGISTERED NURSE</p>	A 621		